USA

Country

Telephone: (202)659-0100



	UTILITY	Atty Doc. No. 52203 Total Page		
	PATENT APPLICATION	FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER		
	TRANSMITTAL	Ludwig VOELKEL		
		Express Mail Label No.		
A	Application Elements	Address To: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231		
./X/Fee	transmittal Form	6. / / Microfiche Computer Program (Appendix)		
./ X /Specif	Submit an original, and a duplicate for fee processing) ication Total Pages / Preferred arrangement set for below)	/7./ /Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
Descriptive t	title of the Invention	a./ / Computer Readable Copy		
Cross Refere	ences to Related Application	b/ / Paper Copy (Identical to computer copy)		
tatement Re	egarding Fed. Sponsored R & D	c/ / Statement verifying identity of above copies		
Reference to	Microfiche Appendix	ACCOMPANYING APPLICATIONS PARTS		
Background	of the Invention	8./ X / Assignment Papers (cover sheet & document(s)		
Brief Summ	ary of the Invention	9/ / 37 CFR 3.73(b)Statement / /Power of Attorney		
Brief Descri	ption of the Drawings (if filed)	10./ /English Translation Document (if applicable)		
Detailed Des	scription	11./ X/Information Disclosure / X/ Copies of IDS Citations		
laim(s)		12./ X /Preliminary Amendment		
bstract of t	he Disclosure	13./ x/Return Receipt Postcard (MPEP 503)		
4./X /Oath a b 5./ / Incor i a 17. If a Con	or Declaration Total Pages/ 3 / a /X / Newly executed (original or copy) b./ /Copy from a prior application (37 CFR 1.63(d) (For Continuation/Divisional with Box 17 complest Note Box 5 below i./ /DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application by reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which copy of the oath or declaration is supplied under Box 4b is considered as being part of the disclosure of the accompapplication and is hereby incorporated by reference therein timuing Application, check appropriate box and supply the //Continuation //Divisional //Continuation-	ication). a anying n. be requisite information:		
		n part (CIP) of prior application No		
	ONDENCE ADDRESS			
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	Insert Customer No. or	Attach bar code label here		
Name:	Herbert B. Keil KEIL & WEINKAUF			
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The filing fee has been calculated as shown below:

For:	Number Filed	Number Extra	SMALL/LA ENTIT		BASIC FEE \$370./\$740.	
Basic Fee	• • • • • • • • •	• • • • • • • • • •		• • • • •	\$	
Total Claims:	<u>11</u> -20 :	= x	\$09./\$18.	= .		
Indep. Claims:	33 :	= x	\$42./\$84.	= .		
[] Multiple Dependent Claim(s) presented:\$140./280 =						
[x] A check is	\$740.00					
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- [X] A check for \$ 780. for the filing fee and recordation fee.
- [X] The Commissioner is hereby authorized to charge any other fee required, including the issue fee, in connection with the filing and prosecution of this application, and to the extent necessary, applicant(s) hereby petition for extension(s) of time under 37 CFR 1.136, to be charged to our Deposit Account 11-0345.

Respectfully submitted,

KEIL & WEINKAUF

Herbert B. Keil Reg. No. 18,967

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